



Bureau of Land & Waste Management

Used Oil Transporter

Certificate of Insurance

1. Name and Address of Insured				
2. Name and Address of Company Affording Coverage				
3. Type of Insurance	Policy Number	Amount of Deductible	Policy Expiration Date	Limits of Liability in Millions each occurrence
Automobile Liability				Bodily Injury (\$1,000,000 min) (Each Person) \$
				Bodily Injury (\$1,000,000 min) (Each Occurrence) \$
				Property Damage (\$1,000,000 min) \$
				Bodily Injury & (\$1,000,000 min) Property Damage \$ Combined Single Limit (Requires Endorsement A)
Excess Liability Umbrella (Requires Endorsement B)				Bodily Injury & Property Damage \$ Combined

4. Is this Fleet Coverage? ☐ YES ☐ NO

5. If the answer to 4 is NO, please list below the motor vehicles covered by above policy:

Make	Model	Serial Number	General Description of vehicle including capacity, etc.

(If additional space is needed, please use separate sheet)

If any of the above listed policies include any exemptions, exclusions and/or conditions which would limit the extent of coverage as intended under the South Carolina Department of Health and Environmental Control proposed and/or effective regulations, please attach copies of these exemptions, exclusions and/or conditions to the back of this form.

It shall be the responsibility of the Used Oil Transporter to resubmit a Certificate of Insurance form upon expiration of the present policy.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which they refer. Such cancellation may be effected by the company or the insured giving thirty (30) days notice in writing to the Department with which such certificate has been filed. Such (30) days notice to commence to run from the date the notice is actually received in the Office of the Department. Thirty (30) days notice shall also be given at the address below, if there is material change made in the policy or endorsement to which this certificate refers.

The undersigned do hereby certify that the aforementioned applicant meets all requirements for financial responsibility as defined in proposed and effective regulations promulgated by the South Carolina Department of Health and Environmental Control whereby a Waste Oil Transporter shall have and maintain financial responsibility for sudden and accidental occurrences in a minimum amount of \$1,000,000 each person, \$1,000,000 each occurrence of bodily injury and \$1,000,000 property damage each occurrence.

Underlying or Primary Carrier

Signature of Authorized Representative
of Insurer (must be original signature)

Type Name _____

Title _____

Address _____

Date _____ Policy # _____

Phone (____) _____

Excess Liability Carrier

Signature of Authorized Representative
of Insurer (must be original signature)

Type Name _____

Title _____

Address _____

Date _____ Policy # _____

Phone (____) _____

Please return to:
SCDHEC Division of Mining & SW Management
2600 Bull Street, Columbia, SC 29201.

Questions?
(803) 896-4261.
(803) 896-4001 FAX.